



UTAH STATE OFFICE OF REHABILITATION

and the

DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING

Annual Interpreter Maintenance Renewal Form - EIPA

PLEASE PRINT

Name _____ Male ☐ Female ☐

Address _____ **NEW?** ☐ **Y** ☐ **N**

City, State, Zip _____

Home Phone _____ Work Phone _____

Birthdate ____/____/____
month day year

Are you currently certified in another state or have RID
certification? NO ☐ YES ☐ State _____

E-mail address _____

**PLEASE CIRCLE
Certification Level**

Elementary

Secondary

New Information!

PLEASE READ CAREFULLY!

I certify that I have been involved in the following workshops over the past year (i.e., interpreter training program or **State approved** workshops.) **ALL non-Utah Interpreter Program workshops must be verified with a copy of a certificate of completion or other verification to be applied towards maintenance hours. List workshops and hours completed below. NO CREDIT WILL BE GIVEN FOR INCOMPLETE INFORMATION! The annual requirement is 20 hours.**

Workshop Title	Date	Presenter/Sponsor	Location	Hours

Date

Interpreter Signature

For Division Use Only

Year 1 _____

Year 2 _____

Expiration Year _____

**Return form and payment to
Utah Interpreter Program
5709 South 1500 West
Taylorsville UT 84123-5217**